

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	4212		4/15
FORMALITY REVIEW	4212	4212	4/15

INDEX OF CLAIMS

☐ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
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Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
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If more than 150 claims or 10 actions
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